

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) C1271.70083US01																									
Application Number                      10/596,890-Conf. #1920		Filed    June 28, 2006																									
For     ARYLALKENYL AND ARYLALKYNYL SUBSTITUTED IMIDAZOQUINOLINES																											
Art Unit                      1625		Examiner                      Rita J. Desai																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$     490.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. <del>Form PTO-2038</del> is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     23/2825     .</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the     <input type="checkbox"/>     applicant/inventor.</p> <p style="padding-left: 150px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 150px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number     65,647     </p> <p style="padding-left: 150px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34     _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____/Kevin M. Henry/ Signature</p> <p style="text-align: center;">Kevin M. Henry, Ph.D. Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ February 17, 2010 Date</p> <p style="text-align: center;">_____ 617.646.8000 Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of     1     forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$     490.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
	<u>Fee</u>	<u>Small Entity Fee</u>																									
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____																								
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$     490.00																								
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____																								
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____																								
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____																								

<b>Certificate of Electronic Filing Under 37 CFR 1.8</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: February 17, 2010	Electronic Signature for Daniel S. Peters: /Daniel S. Peters/